EMS CLASS ROSTER

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES & TRAUMA
SFN 59305 (1/2016)

Course Authorization Number (If applicable)	Course Type
Course Coordinator License Number	Course Start Date / Course End Date
Course Location (City)	

State EMS License Number	Full Name	Level	Written	Practical
1			Pass	Pass
2			Pass	Pass
3			Pass	Pass
4			Pass	Pass
5			Pass	Pass
6			Pass	Pass
7			Pass	Pass
8			Pass	Pass
9			Pass	Pass
10			Pass	Pass
11			Pass	Pass
12			Pass	Pass
13			Pass	Pass
14			Pass	Pass
15			Pass	Pass
16			Pass	Pass
17			Pass	Pass
18			Pass	Pass
19			Pass	Pass
20			Pass	Pass
21			Pass	Pass
22			Pass	Pass
23			Pass	Pass
24			Pass	Pass
25			Pass	Pass

Remember to submit EMS Registration forms if applicable for your course.

By signing below I hereby certify that all information stated above is true and correct.

Signature of Course Coordinator	Date

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMS AND TRAUMA
1720 BURLINGTON DR
BISMARCK, ND 58504

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